

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. V.

LOUISVILLE, JUNE 29, 1878.

No. 26.

R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,
EDITORS.

IN another column will be found a letter from our London correspondent, giving an account of the experiments lately performed by Sir Henry Thompson with the microphone, to test its applicability to the detection of small vesical calculi. Some speculation is also indulged in as to what may be the future of the instrument in other fields of surgical diagnosis. It is, of course, but in its infancy now; but even in a perfected state we imagine that the range of its usefulness has been pretty well marked, when it is said that in addition to the discovery of fragmentary stones, in which it was eminently successful, the existence of an occasional bullet or piece of dead bone, which has eluded other methods of search, may be brought to light through its agency. Possibly, too, when it can be made to transmit isolated sounds, an aneurismal thrill, the click of diseased valves, râles, etc. may be studied or taught through its instrumentality. At any rate, surgery has received a very curious legacy in the microphone, and it will find a welcome place in its armamentarium.

With the advent of the microphone one can not help indulging in speculation as to what we shall arrive at if men continue their discoveries. Who shall say that our natural powers may not at length be so increased by art that the eye shall range through objects now considered opaque, and that diseased processes within the substance of living tissue may come within our view. Men may talk into coffee-mills now-a-days, and after

years have their words ground back to them, so that few prognostications may be deemed absurd.

WHEN the American Bi-Weekly speaks of the indignation which has been aroused at the robbing of the grave of John Scott Harrison, a son of President Harrison, as "cheap fustian," it must not be considered as representing the sentiment of the profession in Louisville, or indeed any where. The gentlemen directly concerned in the outrage have not found it very "cheap," and doctors every where have truly sympathized with the family which was so grossly insulted. They will never, too, get done blushing for the consummate idiocy which allowed the thing to happen. The fact is, the chances are decidedly against our crank-sided neighbor ever being right upon any question. If it happens to discuss it first, it is an even toss that it will be wrong. If it follows us, it is dead sure to be so, as it will take the other side.

Six out of the twenty-nine presidents of the American Medical Association have been chosen from men who have been in the faculty of the University of Louisville—Henry Miller, Paul F. Eve, Samuel D. Gross, David W. Yandell, T. G. Richardson, and Theophilus Parvin.

THE WHEREABOUTS OF SIR JOHN FRANKLIN.—It is suggested that the next exploring expedition which goes out to find the long-lost Sir John Franklin send a boat ashore and try the vats at Ann Arbor.

AMERICAN MUTUAL BENEFIT ASSOCIATION OF PHYSICIANS.—Some of the Louisville affairs of this late co-operative insurance company are being ventilated in the courts. The post-mortem revelations are interesting, and sustain the diagnosis we had formed. We may possibly at some later period present a history of the concern. Meanwhile let the profession thank us for bringing it to a timely end.

How profound was the sensation created by the late resurrection discoveries in Ohio may be imagined when it has provoked the Boston Medical Journal into the record of something current. Its last issue contains page and a quarter of comment upon the affair. Harvard is not mentioned, but is strongly hinted at as a corrective of all evils that flesh is heir to, both here and beyond the grave.

THERE is a happy impudence about the Clinic. It is not in the slightest ruffled at the Harrison outrage. It looks upon it, in fact, as an ordinary plagiarism.

PROF. HUGHES, the inventor of the microphone, is a native of Kentucky, and developed much of his genius in this state.

DIETARY.—He who takes "pot-luck" runs the double danger of getting a poor dinner and worse welcome.

Original.

CHLOROFORM IN LABOR.

BY L. P. YANDELL, M. D.

Professor of Therapeutics and Clinical Medicine in the University of Louisville.

"The man who would whip a poor helpless woman with a cat-o'-nine-tails would receive condign punishment at the hands of the law, and in my judgment the doctor who

allows a woman to suffer the pangs of childbirth without chloroform is equally culpable and deserves equally severe punishment." Such is the forcible language I had the pleasure to hear from the lips of the great and good Sir James Simpson at the British Medical Association in 1867 in Dublin. My father, Professor of Chemistry in the University of Louisville at the time of the discovery of the anaesthetic power of chloroform, was one of the first to manufacture this substance in the West, and was one of the earliest and most earnest advocates for its use, and up to the time of his death he employed it in all cases where the patient was willing to take it, and he never in a single instance had the slightest cause to attribute any bad result to chloroform.

Under my father's instructions I began its administration when I entered the profession twenty-one years ago, and to-day I entertain very much the sentiment expressed by Sir James Simpson. I have never known an untoward event to result from chloroform in labor. I know no contraindication to its use, and I advise it in every case and give it invariably, if the patient does not object.

That chloroform in obstetrical practice is incapable of harm no one will assert, but its danger, like that of morphia, atropia, hydrocyanic acid, and indeed we may add food, water, and fire lies in the manner of its use. Morphia, atropia, prussic acid, food, fire, and water are beneficent agents when properly employed, but used otherwise they may produce deplorable results. It is the excess of chloroform that does the harm, when harm is done by this substance in the lying-in room.

Anæsthesia is not only not necessary in labor, but indeed in normal cases is only permissible in the last throes, when the acme of agony is reached, just as the presenting part is about to emerge from the vulva. By *anæsthesia* I mean, as the word signifies, paralysis of sensation, oblivion. Chloroform *anæsthesia* may sometimes produce *acinesia*—*i. e.* loss of motion, or, in other words, may arrest the expulsive efforts

of the uterus—but anaesthesia is not what we desire in the lying-in patient.

Analgesia—*i. e.* absence of the *sensation of pain*—is the condition to be induced; only analgesia is not anaesthesia or acnesia. It has been denied that absence of pain can be compassed without the production of insensibility; and the production of insensibility, it is claimed by many, generally if not usually arrests the uterine contractions, or at least diminishes their strength. Such is not the fact, according to the writer's experience. In the majority of cases even perfect anaesthesia will not arrest or enfeeble the contractions, though sometimes it does so. Analgesia, on the other hand, according to the writer's observation, may be accomplished with certainty, safety, great benefit to the patient, by the proper administration of chloroform. The recital of a case may make my meaning clearer.

Mrs. H., the mother of three children, having great fear of chloroform, had never been willing to take it in labor till she came under my charge. Her pains being intense, there was little difficulty in inducing her to inhale it, but she insisted that it should not be given after she should say, "That will do," or, "I have enough." I gave it at the beginning of a severe pain, and only a few inspirations were taken when she pushed the handkerchief away, saying, "That will do." The uterine contraction expended itself in the usual time, and the patient went into a brief sleep. This procedure, with similar results, was repeated till the child was about to be expelled, when the chloroform was given freely, and total unconsciousness was produced. After a few moments Mrs. H. awakened unaware that the child was born. She declared that up to the last moments she knew every thing that was going on, and that she distinctly felt the expulsive efforts of the uterus, but experienced not the slightest sense of pain during their continuance. I have delivered this lady of three children, and the description of the first labor answers for all.

Mrs. H.'s case being a typical one suffi-

ciently illustrates my meaning and my practice. The chloroform is best given upon a small napkin or handkerchief. Its use should only be begun after decided bearing-down pains have set in. Request the patient to give warning of the approaching pain; and when she does so, dash the chloroform, much or little, on the napkin, apply it over the mouth and nose, and direct full, strong inspirations to be made. Three or four or half a dozen breaths usually suffice to allay all suffering, and the expulsion-movement is in nowise affected.

In France, where the comfort of women is less considered than in many other countries, the employment of chloroform in child-birth is comparatively rare, though of late it is being much more used. It has been contended by some French writer, whose name I can not recall, that the results such as I have enumerated in Mrs. H.'s case are entirely due to the imagination of the patient. That such is the fact but few will believe. It is incredible that any imagination can be strong enough to render a woman oblivious to the agonies of parturition. During more than thirty years of administration of chloroform to parturient women no death therefrom has occurred, it is asserted; but it is difficult to believe that such a statement is absolutely true, when we consider the powerful nature of this medicine and its use by so many ignorant and incompetent persons. Certainly, however, it can have done but little harm or we should have read more of its bad behavior. It is important to bear in mind in this connection that chloroform is given, by most practitioners who use it, much more freely than I have recommended it. Sir James Simpson, on the occasion before alluded to, stated that in Edinboro' he often found his patient chloroformed by the nurse when he arrived, and his practice, and also my father's, was to keep the patient chloroformed from the beginning of the first bearing-down pains till the end of the struggle. In my own judgment this is only necessary in abnormal labors, but in such I have given chloroform

to the degree of oblivion for twelve or more consecutive hours, and never with any unpleasant effect unless may be a troublesome nausea or headache, which passed away within twenty-four hours.

LOUISVILLE.

Correspondence.

THE MICROPHONE.

My Dear News:

Whatever the future of the microphone may be in surgery, the credit of its introduction into our armamentarium is due to Sir Henry Thompson. On last Saturday he used the instrument for the first time in sounding for stone. Mr. Erichsen, Mr. Berkely Hill, Mr. Buckstone Brown, and myself witnessed the experiments. The microphone was first attached to an ordinary sound. This was carried into the bladder and brought into contact with the calculus. The notes were at once made distinctly audible across an ordinary sized bed-chamber. The distance at which they were heard was limited only by the length of the wire used; given a sufficient length of wire and strength of battery and the noise produced might be heard at an indefinite distance. Such, however, is the sensitiveness of the instrument that it registers all sounds within its field, and consequently transmits a volume of adventitious noise which leads to confusion, and thus far materially interferes with its usefulness as a means of surgical diagnosis. What this newly discovered wonder may eventually come to be, what practice in its use and improvements on its present form may effect, no one perhaps can foretell. At present it may safely be said that its range of application to our work is, from the very nature of things, necessarily extremely limited. The genuine *tactus eruditus* will still remain as all-sufficient in the vast majority of cases, not only of stone, but of other foreign bodies also which find lodgment in the organs and tissues of the human body. A few--a very few instances will doubt-

less arise in which the microphone may be a help to us in determining the presence of a bullet or a bit of diseased bone, or the minute fragment of a stone. But they must be entirely exceptional. A surgeon who shall be driven to the frequent use of the microphone in order to detect what he can not detect without it should send his cases to his betters.

On the Wednesday following Sir Henry Thompson's first experiment with the instrument he delivered a lecture at University College Hospital on the subject, which I had the opportunity to hear. As a speaker the great lithotritist is both in manner and person very striking. His voice is clear, his enunciation distinct, his illustrations frequent and exceedingly apt, and his entire tone earnest. The lecture sounded quite as his published lectures read. I send you an advance proof of it, kindly furnished me by Mr. Hart, of the British Medical Journal, for whose periodical it was phonographically reported. On the occasion of its delivery the amphitheater of the hospital was filled with students, with a large sprinkling of London surgeons.

GENTLEMEN: My object to-day is to show, as far as I can, how the microphone, a very recent invention of Prof. Hughes, may be applied to the operation of sounding for stone. But, in order to make myself perfectly clear to you, it will be necessary at the outset to define one single term, otherwise there is a chance of what I say being misunderstood. I mean the word "sound." This word, as we know, has a technical sense, and signifies the instrument lying before me, the sound; and the verb that arises from it is "to sound"—to sound in the bladder. But the word is also used to represent an acoustical phenomenon, that is the note produced by striking the sound against another body. If I strike this table, I am said to make a sound; but that is precisely the term that I will not use; because, to get into such a sentence as this "I am going to use that sound to sound a patient, and please listen to that sound," might lead to confusion. Instead, therefore, of speaking of sound, I shall use the word "note" as being the best substitute I can get. If I use the term sound at all, I shall mean this instrument or the manner of using it; when I want to speak of the effect produced, I shall ask you to listen to the note.

Having made that preliminary remark, I have a

word or two to say about sounding for stone, independently of the apparatus that is before us. Let me ask you to go back some fifty years—which none of you, however, can do, but which it is my misfortune to be able to do. Forty-five or fifty years ago sounding for stone was a totally different operation from that which it is to-day, and in my opinion that fact is not half enough appreciated by the profession either here or any where else. We have traditional notions of sounding for stone; and if we sound at all with the same intention or in the same manner as our fore-fathers did, and if we adapt their mode to the exigencies of the present day, we shall meet with nothing but failure. I go further still, and say this, that you might as well compare the famous old Brown Bess with the rifle of precision of the present day as compare the sounding of 1828 with that of the year 1878.

You will remember that at the time of which I speak there was but one operation for stone; whether the stone was large or small, there was but one mode in which it could be removed from the human body, and that was cutting—lithotomy, as it is generally termed. It mattered little what the size of the stone was, within certain limits. The size of the incision would not vary greatly. A certain incision—dangerous at certain ages, without doubt—had to be made; and whether that were a quarter of an inch or half an inch bigger one way or another was not a matter of very great importance. Hence it was not then a matter of high import that you should discover the stone when it was small. Indeed it was a common thing in those days for the stone not to be thought of when it was small, and it only came under surgical cognizance when it was large. No one liked to do a great operation to remove a thing about as big as an apple- or orange-pip; and it was common for the surgeon to say (more, however, on the Continent than here), "You have symptoms of stone, it is true, but I think it is not ripe for an operation; go away, and come again in a year or two." Patients were thus absolutely put off from month to month, and sometimes from year to year, until the stone should be sufficiently "ripe" for the operation. No one liked to perform an operation unless the stone was at least of the size of a chestnut. The problem of to-day is an entirely different one. We now have two modes of operating: one of them, as you know, by crushing, in addition to the older one by cutting. The element of success in the operation of crushing is that you should get the stone early, that you should find it small, and then you may make almost absolutely certain of a successful and safe operation. The large stone, as before, will be remitted to the cutting operation, but one may have a much more successful operation in crushing, provided the stone is small. The end of all our endeavors ought to be to find the stone as small as possible and remove it in that con-

dition. But that is not the whole problem. Were it only so, you would see that a much more delicate operation of sounding is required than heretofore; but, inasmuch as the operation of crushing, however small the stone, means making it into fragments smaller still, you will see that it is necessary not only to be able to recognize the small stone by sounding, but also to recognize small fragments of the stone. It is alleged against lithotomy that, if you leave a small fragment behind after the operation is over, or presumed to be over, that small fragment may become the nucleus of a larger stone hereafter, and you are not only not benefiting your patient, but you have laid a train for more serious mischief. Thus it is that I have all along said that, if lithotomy be not equal to removing the least fragment which otherwise might be a trouble, it is not an operation to be admitted into the domain of surgery. I would rather cut every case that came to me—I mean with a view to success—than cut only some, and do lithotomy badly for the others.

There is no perfect lithotomy, there is no lithotomy worth your notice or mine, unless it can make absolutely sure of removing every fragment from the bladder. Now you may say, in view of this which I have before me, "Is it not the case that lithotomy is equal to that at the present moment? If it be not, why is it that it has stood so high as an operation?" Well, I say it is equal to it. What I have power to show you here is something that will supplement our present power; but, I say it with the greatest confidence, the result of our present power with regard to lithotomy is, that we are able to remove to the last fragment with unerring certainty, provided the hands in which the case is are fairly (and only fairly) practiced. I have demonstrated over and over again, both here and in hospitals abroad, the power of our present instruments to remove the smallest possible fragments. I have, over and over again, obtained an audible note from a piece no larger than a split pea, removing it afterward to show the truth of the affirmation. You may say "What more can you want than that?" Well, nothing, I think; but let me confess that that is not at present an universally received opinion. There are many persons who still bring allegations against lithotomy, saying, "It is all very well; you may happen to do this, but it does not lie within the usual practice of surgery to be so certain about that." It is still thought that it is a very easy thing to leave a piece behind. At all events, we will grant this, and we will grant still more, that if we can get any thing that will make our task more easy, more simple or certain, it is our duty to add to our present powers, and I think you will find that we have that in the apparatus before us.

But before showing you what the power of the apparatus is I wish it to be distinctly understood that

this is not an instrument which is to be used—no, not in one case out of twenty. Please understand that the stone is to be found by the ordinary method; and this is only, I will not say a surgical or scientific toy, but a resource which we have in reserve for exceptional and difficult cases, or for those who may find it perhaps more useful than their unassisted hands and ears. It may be compared to a very high power in the microscope. I need not tell you what great discoveries have been made with the microscope, in every direction throughout nature, with very low object-glasses—glasses not to be mentioned in comparison with the high powers which we now use. It is a question how much those extremely high powers have done. They have really done very little.

Now, the analogy between the microscope and the microphone is very strong. There are many things which we have been in the habit of regarding as without sound, as not producing a note. Nobody, for example, has ever heard a fly walking on a window-pane. Most persons would say it was noiseless, but it is not so. It simply produces a noise which our unaided ears can not appreciate. We cut our finger, and we see a little blood. The ordinary eye sees nothing but a little red fluid; nine persons out of ten would be astonished at seeing, under the microscope, what a composite fluid it is—the corpuscles, the liquor, and so on. Just so there are many notes in nature of which we have not the slightest appreciation, but by Prof. Hughes's invention we can hear and measure them.

With these observations, and wishing you to understand clearly the place in which I should put this relatively to our surgical armamentarium, I will show you what the microphone is. Here is a battery, with the smallest section. If we had used a large section, it would have interfered with the success of the experiment. The current goes up to a telephone, then comes back here, and then goes on to another telephone. It is to be united with this wire, which goes to the other pole of the battery. It does not matter whether you begin with the positive or the negative.

I have here an ordinary sound for sounding a bladder and a microphone upon it. You see a little piece of gas-carbon balanced with a spring, and another piece lying transversely to it. Now, by striking any thing with the point of the sound, an acoustic wave goes through the particles of the steel sound and comes up to this piece of carbon. This movable piece receives the impulse, and this now comes into circuit. But it is no longer an acoustic wave; it is transmuted into an electric wave. It suffices to touch a pin; the sound goes up; molecular changes take place which are acoustic in that piece of carbon, and there it ceases; they are then transmuted into electrical waves and are made audible by

means of the telephone. Here is the secret of the matter: that, however tiny an acoustic wave is, it may be magnified the instant it becomes an electric wave. I connect these two poles, and, if I rub the two ends of the pieces of wire together, you can distinctly hear the sound by means of the telephone. The circuit is now complete. I have here an extemporized bladder (a basin lined with wash-leather), and I put in it a small calculus. We will suppose that there is some suspicion that a portion of a stone is in the bladder, or a small fragment left in it. You may push it perhaps, but you can not feel any thing; but, with this instrument, if you touch with your sound a fragment, however small, your telephone will at once speak. I have used the instrument in the bladder, but, unfortunately, I have not a patient here to-day. If I touch but the point of a pin or a finger-nail, the sound is distinctly heard. You have no idea of the trouble required to get the microphone right for our purpose. In this respect it is like the aneroid. If you want to measure certain heights with an aneroid—if you want to measure from the sea-level up to five thousand feet—you have one instrument for that purpose, and then for a second five thousand feet you require another instrument. One aneroid will not suffice for the whole range in the case of Mount Blanc, for instance, which is fifteen thousand feet; so that you would require a mercurial barometer. The aneroid has only a certain limit within which it is correct. So it is with the microphone. I could put a microphone on this circuit which would be utterly useless. The microphone I have shown you would not enable you to hear the march of a fly. Professor Hughes says that he could make the march of a fly across a piece of net sound like the tramp of an elephant. I have heard a fly walk across a piece of net, but the sound has not been what my notion of the tramp of an elephant would be. Before an audience, say, of one thousand or twelve hundred persons, a large telephone is used, a round trumpet-shaped thing that conducts the notes to the audience. Now, this would be of no use in sounding for stone. What I want to show you here is the way in which the instrument may be used in the chamber or hospital-ward. But, as I have said, this instrument is not delicate enough to make the march of a fly audible. If it were, when you put it into the bladder, you would have such a noise from friction from the urethra and bladder that you would not hear the little bit of stone. This is an illustration of the difficulty that often attends the use of these scientific things when you come to actual practice. It must be borne in mind that you do not get a different note from the different bodies struck. The electric wave merely multiplies or magnifies the wave in the steel instrument; but it does not matter whether you have struck a blanket or a flint, or the

mucous membrane of a bladder or a stone; the sound is precisely the same. Here, if you have too powerful a battery, the friction-sounds would be augmented, and you will not succeed in your effort. Even the echoes of the room may interfere with your operation. I will now put the sound in the extemporized bladder, and, as I touch the little fragment of stone, you will hear a sharp click. It is in dirty thick water, and I can not tell myself when I strike it; but those of you who listen through the telephone will perceive it.

In a few words, then, the demonstration is this: that you can make absolutely logically certain the existence of small fragments in the bladder, for the detection of which you have hitherto depended upon your unassisted ear and hand. I want particularly to say that the unassisted ear and hand will suffice for almost all cases. There may be one in a hundred in which it may be necessary or desirable to use this instrument. It is something like the case of the endoscope in regard to the urethra. When it was first introduced, a good deal was said about its being applicable to all disorders of the urethra and the bladder; but it was found in practice that, however well it looked upon paper, there was only a case here and there that might be benefited by its use. What has mainly actuated me in bringing this subject before you is this: it is obvious that this new invention, which increases the sound of a foreign body, is equally applicable to a bullet or a shot, or any foreign body at the bottom of a wound or a piece of diseased bone.

Yours faithfully, D. W. Y.

LONDON, ENG., June 5, 1878.

Reviews.

Atlas of the Diseases of the Skin. Part I. By BALMANNO SQUIRE, M. B., Surgeon to the British Hospital for Diseases of the Skin. London: J. & A. Churchill, New Burlington Street. 1878.

Part I of this work contains four colored plates representing—I. Nævus vascularis; II. Nævus vascularis on which molluscum is superimposed; III. Psoriasis diffusa; IV. Psoriasis diffusa (the same patient after treatment). Full and clear descriptions accompany the plates, and diagnosis, prognosis, pathology, and treatment are amply considered. The atlas comprises ninety pages, plates and text, and is in paper binding, octavo. It is the author's intention to bring

forth volumes from time to time, and "each successive number will be produced as soon as he may find himself able to issue it in his best manner." It is to be hoped that this distinguished dermatologist may find such encouragement as may lead him to produce the subsequent parts of his atlas monthly or bi-monthly. Henceforth no one should purchase any book on skin diseases which is unaccompanied by illustrations. A poor book well illustrated is better than a good book without illustrations.

It is unnecessary to say that the book under review is not a poor book; its author is known to all readers of the foreign medical literature as one of the best British writers. The following brief extracts convey a correct idea of the *Atlas of Diseases of the Skin*:

Speaking of *nævus*, Dr. Squire says, "The popular belief as to the cause of mother's marks may be properly classed with the belief in ghosts or apparitions; that is to say, it is a creation of the fancy." The various methods of treatment of *nævus* are discussed, comprising actual cautery, escharotics, galvanic cautery, punctures by hot needles, injections, etc. The author's own method is by numerous slight scarifications from time to time repeated. He has invented a scalpel for this purpose, with sixteen parallel blades put so closely together that they measure less than half an inch across. He freezes the skin and the scalpel with ether before making the scarifications, and usually places the patient under an anaesthetic. Should hemorrhage give any trouble, he applies perchloride of iron in solution, upon lint, pressing with the fingers.

Psoriasis, called dry scaly tetter and English leprosy, Dr. Squire regards as purely a local disease—that is, an affection only skin-deep—and consequently he treats it almost entirely by local measures. Such is the prevailing belief and treatment of dermatologists in general. "It is a disease quite as local as simple diarrhea or bronchitis," he says. But is there such a thing as local diarrhea or bronchitis? We say no, except possibly in the rarest instances. Diarrhea

and bronchitis and skin maladies are but local manifestations of systemic disturbance; and unless we are able to determine the cause and treat that, our practice in either class of troubles is but empirical, uncertain, and unsatisfactory. Psoriasis is just as surely a manifestation of scrofula as is white swelling or tubercular consumption; and in private practice psoriasis is entirely curable in the majority of cases. The treatment is simple, though troublesome, and requires time. Malt, syrup of the hypophosphites, cod-liver oil, iodide of iron, and sometimes quinine or arsenic, are the medicines indicated. Fats, butter, cream, and sweet things are the foods demanded. Frequent bathing and daily anointing with lard or other oil are of the first importance. Six to twelve months may be required to make a perfect cure; but, as before stated, the majority of cases in private practice may be cured, permanently cured, by the constructive line of treatment mentioned.

Dr. Squire's favorite treatment of psoriasis is by an ointment of chrysophanic acid, which is the active principle of Goa-powder. This treatment is original with Dr. Squire. He says: "By means of chrysophanic-acid ointment alone I have cured obstinate cases of psoriasis of twenty or thirty years' standing, and *that* within the surprisingly short space of from one to two weeks. The strength of the ointment may be from gr. v to 3 ij to lard 3 j. The ointment should be prepared by the aid of heat." Other dermatologists have not had equally good results with this remedy. Phosphorus "I find of unquestionable efficacy in psoriasis," says the author. He gives it in one-thirtieth-grain doses dissolved in oil.

Ten years ago Dr. Squire published "A Manual of the Diseases of the Skin," beautifully illustrated, the best book for students that we have ever seen. An American edition of this manual would be an immense success, especially if the author would make the text somewhat fuller, and would add a few more plates as beautiful and as truthful as those in his first edition.

L. P. Y.

How to be Plump, or Talks on Physiological Feeding. By T. C. DUNCAN, M. D., Editor of the United States Investigator; author of Diseases of Infants and Children, with their Homeopathic Treatment, etc. Chicago: Duncan Brothers, publishers. 1878.

In the journal, of June 15th, published by the author of "How to be Plump," the following paragraph occurs under the head of medical news:

"How to be Plump" sells rapidly. Every one of our readers may, *in a quiet way*, sell a number of copies, and pocket a nice little profit [our italics], you see. Get it noticed in your papers, and tell your lean patients, "There is a work just out that *you need*. I will send for one for you, if you say so." "All right, doctor!"

This shows the peculiar morale of the author. In the preface the following expressions occur: "What shall I feed it that will fat it up?" "I flesh up in winter." "I have fleshed up remarkably this year." These are specimens of his English.

The book contains sixty small pages, and is written in the form of a dialogue, one of the parties to the conversation apparently being an illiterate idiot and the other an uneducated lunatic. The doctrine of the book is that water is the true fattening agent. "When the appetite is good, and the person eats well and lives moderately, I have found that a pint of water taken in four doses (morning, 10 A. M., 4 and 9 P. M.) will often be all that is needed to insure a prompt and constant increase of fat."

The value of fats, sweets, and amylaceous foods is judiciously insisted on in quotations from Fothergill, Letheby, Pavv, and Carpenter, and others. The author closes by indorsing that preposterous and obsolete idea expressed in the lines "Early to bed," etc. Should any one desire a good book upon the subject of fattening, let him purchase S. Weir Mitchell's little monograph, Fat and Blood, and How to Produce Them.

L. P. Y.

FLIES.—Twelve tons of Spanish flies have been shipped in a single year from the island of Sicily alone.

Miscellany.

BOODLE ON "MYSTIC MEMORY."—London Med. Record: In a paper published in the New Dominion Monthly, Montreal, February, 1878, Mr. Boodle treats of a mental feeling, sometimes called "sense of prescience," by which conversations listened to and places seen for the first time seem perfectly familiar. The author alludes to the fact that this feeling, though described by Sir Walter Scott, Coleridge, Tennyson, Lord Lindsay, and Tupper, has never been seriously investigated. A string of letters upon the subject occurs in the second and third series of Notes and Queries, in which, and in Dallas's Gay Science, "four theories are enunciated with confidence by their various authors; but there has been no regular discussion of the difficulties that beset the question."

This sensation must be either founded on fact, or it is a hallucination. Considered as a result of facts, three possible explanations are offered; the pre-existence theory, the dream theory, and the waking theory. Each of these is discussed in full; but it is suggested that the pre-existence theory is untenable in an age like the present, and it is shown that the waking theory (which supposes the scene recalled to have been actually witnessed at some previous time in real life) ignores the facts of the case. The dream theory has a greater show of evidence in its favor, and receives a certain amount of support from Scott, Tennyson, Elihu Rich, and Rousseau. In any manual on the subject, facts are given to prove that the brain is often more powerful in hours of unconsciousness than at other times. The common sense of most people, however, rejects as impossible the supposition that the human mind is able, under any condition, to project itself into the future.

It is found that bodily weakness and mental weariness are the conditions usually attending this feeling. Treating it, then as a hallucination, Mr. Boodle suggests three

theories, which he calls "the simultaneous impression theory, the double impression theory, and the reflex impression theory." This last has nothing but an analogy in its favor, and the same argument seems equally to support either of the other two. Dr. Wigan, in a book upon The Duality of Mind, published in 1844, gives what seems a very probable solution of the question. The brain is double; each hemisphere has distinct powers, and acts singly. In a state of enfeebled mind only one hemisphere is at first active; an impression is produced upon it, which is instantaneously effaced, but again revived when the other hemisphere commences to co-operate with its fellow; hence comes the consciousness of having beheld the scene before. The original impression on the one hemisphere is so faint that a long time seems to have elapsed between the two impressions. Both halves of the brain are at work at once, but not in full co-operation. The intellect perceives the two impressions, selects one as genuine, and relegates the other to the past.

But it is objected that a double impression produced by the same object upon the mind at the *same time* seems almost an impossibility. The mind has not the duality which we know belongs to the senses, and such a double impression, could it occur, would only leave a blurred result; least of all, it is considered, could it produce the sensation described as mystic memory.

Finally, as a result, if the dream theory be discarded, there is nothing left but "the conviction that this sense is merely a hallucination arising out of the half-sleeping action of the brain." The data given in this paper for the support of each theory or explanation are rather suggestive than exhaustive. The whole treatment of the subject is calculated rather to excite discussion than to favor any particular theory.

OVER and above the 90,000 slain in battle, the Russian loss from disease, etc. during the recent campaign was, according to a German estimate, 250,000 at least.

MATERNAL IMPRESSIONS.—Francis Mason, F. R. C. S., in London Lancet: Congenital malformations are often traced to maternal impressions, and Dr. R. J. Lee, who gave us an interesting and instructive paper upon the subject in November last, expressed a decided opinion that maternal impressions may be divided into two classes—viz., those producing lesions of the surface of the body, and those which were the effect of changes in the nervous and arterial system. I may mention one or two instances which appear to have characteristic significance. The first is reported by Mr. Curgenvan, as follows: "A woman during pregnancy was horrified at seeing a man whose ear had been mutilated. Her child, a girl, was born with her right ear presenting a similar appearance. This child grew up; and her sister, while pregnant, and during a fit of anger, called her 'old one ear.' She retorted by saying that one day she would be sorry for speaking of her deformity in that manner. The result was that the sister's child, a boy, was born with his right ear deformed like his aunt's." And another remarkable case came under my own observation. About a year after the burning of Covent Garden Theater, after a series of performances terminating in a *bal masqué*, a child was brought to King's College Hospital the half of whose body, including the face, closely resembled a piece of charred wood. The mother during pregnancy resided opposite the theater at the time of the fire, and attributed the condition of the child to the fright that the fire occasioned. Again, Mr. Morrant Baker (to whom I am indebted for the photographs I hand round) has published an interesting case of a hairy mole of congenital origin on which he had successfully operated. The supposed cause of the deformity in this case was that the mother during pregnancy was frightened by a monkey in a traveling menagerie. A somewhat similar case, taken from a photograph, came under my notice about three years ago. The mother attributed the deformity to a fright occasioned by seeing a rat. I proposed to attempt a partial de-

struction of the deformity, but the patient objected to any surgical interference.

YE ANCIENT APOTHICARYE.—The apothecaries of the Elizabethan era compounded their medicines much as medicines are compounded at the present, and the shop-customs have undergone only a slight change. The apothecaries' table of weights and measures still in use was the rule in the sixteenth century, and the symbols (for a pound, an ounce, a drachm, etc.) remain at this day just what they were three hundred years ago.

William Bulleyn, one of the most celebrated physicians under the reigns of Edward VI, Mary, and Elizabeth, and who died in 1576, gave the following golden rules for an apothecary's life and conduct:

1. The apothicary must fyrt serve God, forsee the end, be clenly, pity the poore.
2. Must not be suborned for money to hurt mankynde.
3. His place of dwelling and shop to be clenly to please the senses withal.
4. His garden must be at hand with plenty of herbes, seedes, and rootes.
5. To sow, set, plant, gather, preserve, and kepe them in due tyme.
6. To read Dioscorides, to know ye natures of plantes and herbes.
7. To invent medicines, to chose by coloure, tast, odour, figure, etc.
8. To have his morters, stilles, pottes, filters, glasses, boxes cleane and sweete.
9. To have charcoles at hand, to make decoctions, syrups, etc.
10. To kepe his cleane ware closse, and cast away the baggage.
11. To have two places in his shop—one most cleane for the phisik, and a baser place for the chirurgie stuff.
12. That he neither increase nor diminish the physician's bill (*i. e.* prescription), and keep it for his own discharge.
13. That he neither buy nor sel rotten drugges.
14. That he peruse often his wares, that they corrupt not.

15. That he put not in *quid pro quo* (*i. e.* use one ingredient in the place of another when dispensing a physician's prescription), without advysement.

16. That he may open wel a vein for to helpe pleuresy.

17. That he meddle only in his vocation.

18. That he delyte to reede Nicolaus, Myrepssus, Valerius Cordus, Johannes Placaton, the Lubid, &c.

19. That he do remember his office is only to be ye phisician's cooke.

20. That he use true measure and waight.

21. To remember his end and the judgment of God; and thus do I commend him to God, if he be not covetous or crafty, seeking his own lucre before other men's help, succor, and comfort.—*Med. Press and Circular.*

Poisonous violet powder is the last abomination in the way of adulteration. Arsenic is the adulterant. It is said that sulphate of lime is also freely used to adulterate violet powder, and calomel likewise.

EXTRAORDINARY PRECOCITY.—Dr. Horatio Yates, of Kingston, Canada, reports the following in the London Lancet: "The child, a female, is two years and three months old. I was consulted by the mother, who supposed it had some mammary disease, there being a symmetrical enlargement of both glands. Struck by their appearance, I had the child stripped, and found what appeared to be a fully-developed woman! Abundance of hair on the pubes and in the axillæ. The genital organs, as well as the mammae above mentioned, seemed to be fully developed. For the last three months the child had menstruated regularly three days every four weeks. She was flushed, and complained of headache and pain in the back and thighs while menstruating. She weighed forty-eight pounds."

THE London Lancet records a fracture of the humerus by direct muscular action (throwing a cricket-ball); no displacement.

INEBRIETY—ITS CURABILITY.—Dr. Albert Day, in Quarterly Journal of Inebriety:

1. Inebriety is a disease, developing diseased emotions, weakening the will-power, depressing the moral elements of nature, and developing the lower animal propensities. It is a disease that feeds upon itself, and if the habit is entailed by a family, it will become extinct in the third or fourth generation. It depresses the vital forces, and makes men indolent and improvident.

2. Alcohol in excess is not a stimulant, but a powerful depressant. Instead of stimulating, it produces anaesthesia. It renders the victim insensible to all outside impressions, and produces not only chronic alcoholism, but other diseases in their various forms.

3. With proper treatment the disease or habit may be cured, like other diseases of the nervous system.

4. While we would not in any degree undervalue public sentiment, which is calculated to correct this great evil; yet there is a vast and important necessity for asylums and homes for the cure of the intemperate, as experience has shown.

ONE HUNDRED AND FOUR DEAD DOCTORS, AND NEARLY FIVE HUNDRED SICK.—A late number of the Russian Medical Gazette gives the following telegram from San Stefano: "Fifty physicians and fifty-four assistant-surgeons have died in the service of the Army of the Danube, thirty-one physicians are on leave, and one hundred and fourteen physicians and three hundred and sixty assistant surgeons are ill."

RHEUMATISMAL TETANUS CURED BY PROLONGED BATHS.—Ferrol (*La France Méd.*) mentions a case cured by this means, when chloral and other means had failed. The patient, a soldier, sat in the water for six hours, and came out of it as supple as a glove. The temperature of the water was 35° C. (95° F.) He also quotes a case of traumatic tetanus cured in the same manner.—*London Doctor.*

Selections.

Mandelbaum on the Treatment of Ulcers.—Dr. Mandelbaum (Berl. Klin. Woch.) remarks that, after trying in vain all the usual methods of treatment in ulcers, he found ulcerations of all kinds and in all situations yield to the treatment by means of the scraper (of Hebra), iodoform, and equal parts of mercurial and soap plasters. If the ulcer be very deep, the destruction of tissues considerable, and the edges jagged, callous, or indurated, it is first thoroughly cleansed with the scraper down to the sound base. This is then daily covered with a thick layer of iodoform until healthy granulations form; and they invariably do form. Then, when the sore has filled in, and its base risen to the level of the surrounding skin, it is dressed with equal parts of mercurial and soap plaster spread evenly on soft linen. If the ulceration be less severe and only covered with a thick layer of pus, iodoform alone, without previous scraping, is sufficient to produce healthy granulations. This treatment has, in Dr. Mandelbaum's hands, cured ulcers of all kinds, and which had resisted for many years all other means.—*London Medical Record.*

Turpentine as an External Application in Small-pox.—Dr. Archer Farr, in *London Lancet*, extols turpentine as the best of all local applications in this disease. It relieves the smarting, itching, odor, and destroys the infection of the disease, and often prevents pitting.

Since the beginning of the present year fifty-two of the leading doctors of the Russian army have fallen victims to the typhus epidemic. The number is equally distributed between the European and Asiatic seats of war.

Ipecac as a Hemostatic.—Q. C. Smith, M. D., says, in the *Pacific Med. and Surg. Journal*: I have administered ipecac as a hemostatic in hemoptysis frequently for years past, and have found it the most efficient remedy in such cases. I have also used for the same purpose ergot and pyrogallic acid, both of which are efficient remedies in hemoptysis as well as in postpartum hemorrhage. But ipecac is certainly the better remedy in the treatment of hemoptysis; and a comparatively limited experience in its use in the treatment of postpartum hemorrhage leads me to believe that it is a too-much-neglected medicine in such cases. As a hemostatic ipecac is an *old* remedy, but of its wonderful power and efficiency in this direction, my own opinion fully corroborates that of the great clinician, Trousseau, to whose writings in this connection I would further refer.

A Tasteless Antiperiodic.—Dr. S. Ashhurst (*American Jour. of Med. Sciences*, April), in order to overcome the difficulty of administering cinchonia on account of the bitter taste which is developed when, after the administration of the pure alkaloid, portions remaining in the mouth are dissolved by the salivary fluid, mixes the cinchonia with sugar of milk, and with some bicarbonate of soda, to neutralize free acid in the saliva. "A powder containing one grain of cinchonia, four grains of sugar of milk, and one tenth of a grain of bicarbonate of sodium, possesses only the slightly sweet taste of the sugar of milk, and is quite readily miscible with water and milk; or, if preferred, can be easily swallowed dry."

Dr. Luton, of Rheims, has successfully employed a hypodermic injection of ten drops of a filtered, saturated solution of common salt in the radical cure of congenital, inguinal, and umbilical hernia.

The Treatment of Hydrocele by Electricity.—Gaz. Med. Ital., Lombard: Signor Macario reports two cases of hydrocele treated by a single application of an electric needle for the space of one minute. One of these cases was permanently cured; the other was only temporarily cured, the disease returning after ten months. In both instances the fluid entirely disappeared in the course of twenty-four hours, although no fluid escaped through the wound made by the introduction of the needle. Macario recommends the employment of this method in other kinds of cysts, especially for ovarian cysts, and cites three cases that have been published as cured by this means.

Oxalate of Potash in Puerperal Fever.—Some Italian physicians recommend oxalate of potash (or of soda) to be given in puerperal fever. Thus, Dr. Gatti (*Revista Clin. di Bologna*), gives it in mucilage with success, and others testify in its favor. But Dr. Gaspari says he has tried it and found it without any effect.—*London Doctor.*

Bismuth in Prolapse of the Rectum and Severe Hemorrhoids.—Dr. Claud (*Gaz. de Napoli*) recommends a teaspoonful of bismuth, mixed with a little water and powdered starch, to be introduced into the rectum (after reduction of the prolapse) in such cases.

Chloral in Retention of Urine.—Tidd (*Gazette Méd. de Roma* and *La France Médicale*) publishes a case in which catheterism having failed in consequence of the patient being pregnant, and no urine having passed for twenty-four hours, two doses of ten grains, one half an hour after the other, produced profound sleep and involuntary passage of an enormous quantity of urine.—*London Doctor.*

